

10/585499
AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CRF:	
Title:	Compositions and Methods for the High Efficiency Expression of the Transforming Growth Factor-Beta Supergene Family
Attorney Docket Number:	NIHA-0282
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	8
Total Drawing Sheets:	8
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	National Institute of Allergy and Infections Diseases at the National Institutes of Health
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Peter
Middle Name:	Daopin
Family Name:	Sun
Name Suffix:	
City of Residence:	Derwood
State or Province of Residence:	Maryland
Country of Residence:	United States of America
Street of mailing address:	17032 Flatwood Drive
City of mailing address:	Derwood
State or Province of mailing address:	Maryland
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	20855

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Peoples Republic of China
Status:	Full Capacity
Given Name:	Zongcheng
Middle Name:	
Family Name:	Zou
Name Suffix:	
City of Residence:	Rockville
State or Province of Residence:	Maryland
Country of Residence:	United States of America
Street of mailing address:	5509 Halpin Place, Apt. B
City of mailing address:	Rockville
State or Province of mailing address:	Maryland
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	20851

Correspondence Information

Correspondence Customer No.:	45160
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

Representative Information

Representative Customer No.:	45160
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application	An application claiming the benefit under 35 USC 119(e)	60/575,839	June 2, 2004
This application	An application claiming the benefit under 35 USC 119(e)	60/534,379	January 6, 2004

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	